

CHILDREN'S FOSTER HOME RULES COMPLIANCE RECORD

Michigan Department of Human Services
Office of Children and Adult Licensing

Foster Home Information

Home Type <input type="checkbox"/> Foster Family Home (1-4) <input type="checkbox"/> Foster Family Group Home (5-6)		License Number
Home Name (Both people's names in last name, first name format)		Telephone Number
Address (Number, Street, City, ZIP code)		Date(s) of Home Visit
Worker's Name		Telephone Number
Purpose of Visit <input type="checkbox"/> Original Licensing Visit <input type="checkbox"/> Renewal Licensing Visit <input type="checkbox"/> Annual Licensing Visit <input type="checkbox"/> Complaint Investigation (Specify rule) _____ <input type="checkbox"/> Supervisory Visit (Specify rule) _____		
Statements which appear opposite each rule number are summaries and are not identical to the Administrative Rules for Foster Family Homes and Foster Family Group Homes.		

PART 2 - APPLICATION AND LICENSING

Rule 201 Foster parent qualifications

	C	N	D
(a) 18 years of age or older	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Good moral character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Willingness to provide care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Understanding of the care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) Time to provide care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f-1) Source of income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(f-2) Capable of managing income	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g-1) Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g-2) Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(g-3) Emotional health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(h) Demonstrates ability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i-1) Suitable habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i-2) Suitable temperament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(i-3) Suitable reputation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(j) Willingness and ability to comply with licensing rules	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rule 202 Member of household qualifications

(a) Good moral character	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b-1) Suitable habits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b-2) Suitable temperament	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b-3) Suitable reputation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c-1) Physical health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c-2) Mental health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c-3) Emotional health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d) Willing to accept a foster child into the home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(e) If providing care, meets qualifications for being a foster parent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rule 203 Orientation

Attended orientation before completing and submitting the application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------	--------------------------

Rule 204 Application submission

(1) Application completed, signed, and submitted within 30 days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) In a 2-caregiver household, both caregivers signed the application	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rule 205 Records check

(1) The applicant provided all required signed releases at time of original	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) Provides signed releases by the next working day if another adult moves in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rule 206 Foster home evaluation

	C	N	D
(1-a) Allows the agency reasonable access to the foster home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1-b-1) Marital and family status and history	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1-b-2) Educational history and any special skills and interests	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1-b-3) Employment history and current financial status	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1-b-4) Physical, mental, and emotional health	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1-b-5) History of substance abuse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1-b-6) Parenting skills and attitudes toward children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1-b-7) Methods of discipline of children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1-b-8) Adjustment and special needs of the applicant's own children	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1-b-9) Strengths and weaknesses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1-b-10) Experiences with own parents and any history of out-of-home care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1-b-11) Family's perception of foster care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1-b-12) Reason for applying	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1-b-13) Experience in providing regulated care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1-b-14) Attitude towards accepting a foster child	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1-b-15) Willingness to parent cross-racially or cross-culturally	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1-b-16) Capacity and disposition to give love and affection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1-b-17) Capacity to provide guidance and to educate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1-b-18) Willingness to work with a foster child's family	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1-b-19) Adequacy of the house, property, neighborhood, schools, and community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(1-b-20) Children preferred	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c-1) Provided three references	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c-2) Provided required medical statements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rule 207 Subsequent evaluations

A foster parent:			
(a-1) Allows access to the foster home for licensing, and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(a-2) To the foster child for supervision	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(b) Provides any changes to information contained in the evaluations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(c) Shares information on family functioning and interrelationships	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d-1) Provides placement preferences	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d-2) Identifies children that would not be accepted into placement by:			
(d-2-a) Characteristics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d-2-b) Age	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d-2-c) Race	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d-2-d) Ethnic background	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(d-2-e) Number	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

PART 3. THE FOSTER HOME

License Number

Rule 9301 Maintenance

- | | C | N | D |
|--|--------------------------|--------------------------|--------------------------|
| (1) The foster home: | | | |
| (1-1) Is clean | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-2) Safe | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-3) In good repair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) The foster home meets the needs of: | | | |
| (2-1) Each foster child and | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-2) Each member of the household | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Rule 9302 Heat, light, and ventilation

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| (1) The foster home has adequate: | | | |
| (1-1) Heat | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-2) Light | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-3) Ventilation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) If used for ventilation, screens are on: | | | |
| (2-1) Windows | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-2) Doors | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Rule 9303 Flame and heat-producing equipment; maintenance; inspection

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| (1) The following are maintained in safe condition: | | | |
| (1-a) Furnace | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-b) Water heater | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-c) Fireplace | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-d) Pipes | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-e) Radiators | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-f) Wood-burning stoves | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-g) Other flame-producing or heat-producing equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Portable heating devices are not used in bedrooms | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Rule 9304 Smoke detectors

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| (1) An approved smoke detector is installed and maintained as follows: | | | |
| (1-a) On each floor of the home, including the basement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-b) Between the sleeping area(s) and the rest of the home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) An approved carbon monoxide detector is installed and maintained as recommended | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Rule 9305 Bathrooms; water supply; sewage disposal

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| (1) The foster home has a minimum of: | | | |
| (1-1) 1 flush toilet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-2) 1 washbasin that has warm and cold running water | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-3) 1 bathtub or shower that has warm and cold running water | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-4) All in working order | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Water temperature from accessible outlets does not exceed 120 degrees fahrenheit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Bathroom is accessible to a foster child using a wheelchair | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) The water supply is from an approved source | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) Sewage disposal is through a public system or in a manner that is approved | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Rule 9306 Bedrooms

- | | C | N | D |
|--|--------------------------|--------------------------|--------------------------|
| (1) Bedrooms comply with all of the following: | | | |
| (1-a-1) Allows for both rest and privacy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-a-2) Has access to adult supervision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-b) Has 40 square feet of floor space per person | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-c) Has space for the storage of clothing and personal belongings | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-d-1) Has a finished ceiling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-d-2) Floor-to-ceiling permanently affixed walls | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-d-3) Finished flooring | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-e) Has a latchable door that leads directly to a means of egress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-f-1) Has at least 1 outside window | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-f-2) Is accessible to children and caregivers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-f-3) Can be readily opened from inside the room | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-f-4) Is of sufficient size and design to allow for the evacuation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Does not contain: | | | |
| (1-g-1) Household heating equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-g-2) A water heater | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-g-3) A clothes washer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-g-4) A clothes dryer | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) None of the following is used as a bedroom: | | | |
| (2-a) A hall | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-b) A closet | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-c) A stairway | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-d) A garage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-e) A shed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-f) A detached building | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-g) A space accessible only by a ladder, folding stairway, or through a trapdoor | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Each occupant has an appropriate bed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3-1) Each bed is equipped with all of the following: | | | |
| (3-1-a) A clean and comfortable mattress | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3-1-b) A clean pillow | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3-1-c) Clean linens | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3-1-d) Blankets appropriate for the weather | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Rule 9307 Exits

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| (1) Each floor level used by a family member has: | | | |
| (1-1) 2 exits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-2) The exits are remote from each other | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-3) 1 of the exits provides a direct, safe means of unobstructed travel to the outside | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) A window used as a second exit complies with all of the following: | | | |
| (2-a) Is accessible to children and caregivers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-b) Can be opened from inside the room | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-c) Is of a size and design to allow for the evacuation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Occupancy above the second floor has: | | | |
| (3-1) 2 stairways to ground level | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3-2) 1 of which proves a direct means of egress to the outside at ground level | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Rule 9308 Telephone

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| (1) An operating telephone is available in the foster home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Emergency telephone numbers are within sight of the telephone | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Rule 9309 Wheelchair access

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| (1) If a foster child who is physically disabled is providing care to a foster child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|

PART 4. FOSTER CARE

License Number

Rule 9401 Child capacity; living arrangement

- | | C | N | D |
|---|--------------------------|--------------------------|--------------------------|
| (1) The maximum number of children is 8 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Not more than 2 children under 1 year of age receive care in the foster home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Nonambulatory children sleep in bedrooms that have a means of exiting at ground level | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) A child does not share a bedroom with a non-parent adult unless: | | | |
| (4-1) The child and adult are siblings of the same sex | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (4-2) The child is less than 1 year of age | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (4-3) The child has a special medical need that requires adult attention | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) Children, 3 years of age or older, do not share a bedroom with a parent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (6) Children of the opposite sex, more than 5 years of age, do not share a bedroom | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (7) Each child shall sleep: | | | |
| (7-1) Alone in a bed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (7-2) With 1 other child of the same sex in a double bed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Rule 9402 Child placement

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| (1) Each foster child is covered by the approved placement specifications | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) The terms of the foster home license are followed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Each foster child has been placed by: | | | |
| (3-1) The agency that certified the home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3-2) Another agency with the prior approval of the agency that certified the home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Rule 9403 Foster parent duties

Foster parents:

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| (a) Cooperate with and assist in implementation of service plans | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Fully disclose foster child progress and problems | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Provide written notification 14 calendar days before a foster child is moved | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d-1) Maintain a copy of the following agency policy: | | | |
| (d-1-1) Behavior management | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d-1-2) Religion | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d-1-3) Mail | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d-1-4) Education | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d-1-5) Personal possessions, allowances, and money | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d-1-6) Clothing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d-1-7) Emergencies | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d-1-8) Medical and dental care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d-1-9) Substitute care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d-1-10) Unusual incidents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d-1-11) Hazardous materials | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d-2) Follow the agency's written policies and procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Rule 9404 Behavior management

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| (1) Each foster child's behavior management is followed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Restraint, if used, is: | | | |
| (2-1) Reasonable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-2) For the allowed reasons | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Rule 9405 Religion

- | | | | |
|-------|--------------------------|--------------------------|--------------------------|
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|-------|--------------------------|--------------------------|--------------------------|

Rule 9406 Mail

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| Foster children can send and receive mail in accordance with the agency's mail policy | C | N | D |
| | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Rule 9407 Education

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| Foster parents implement the education or training plan of each foster child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|

Rule 9408 Personal possessions, allowances and money

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| (1) Foster parents follow the agency's policy on personal possessions, allowances, and money | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) A foster child's possessions are provided to the child if the child moves from the home | | | |

Rule 9409 Clothing

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| (1) Each foster child has sufficient, properly sized, and appropriate clothing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Clothing provided to a foster child is: | | | |
| (2-1) The child's property | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-2) Is provided to the child if the child moves from the home | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Rule 9410 Emergencies

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| (1-1) Foster parents follow agency approved written emergency procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-2) Procedures exist for the following emergencies: | | | |
| (1-2-a) Fire | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-2-b) Tornado | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-2-c) Serious accident or injury | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Prompt evacuation of a person who needs assistance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Each member of the household is familiar with the emergency and evacuation procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Rule 9411 Medical and dental care

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| (1) The prescribed health plan for each foster child is followed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) Foster parents follow approved protocols for medical care | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Medications are inaccessible to children unless medically necessary | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) Prescription medication is given or applied as directed by a licensed physician | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Rule 9412 Substitute care; agency notification

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| Foster parents follow the agency's substitute care policy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

Rule 9413 Unusual incident notification

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| Foster parents follow the agency's unusual incident policy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|

Rule 9414 Hazardous materials

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| Foster parents follow the agency's hazardous materials policy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

Rule 9415 Foster parent training

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| attend training as required by the agency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| training plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PART 4. FOSTER CARE (Cnt'd)

License Number

Rule 9416 Food and nutrition

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| (1) Foster parents provide for the nutritional needs of each foster child | C | N | D |
| (2) Meals are nutritious, well-balanced, and of sufficient quantity | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Special diets are provided as prescribed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) Foster children eat with the other members of the household | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (5) Foster children eat the same meals as other members of the household | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (6) Refrigeration is used for perishable foods | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (7) Only pasteurized milk products are served to foster children | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Rule 9417 Foster child tasks

Foster children perform only those routine tasks that are:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| (a) Within the child's ability | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Are reasonable | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Similar to those expected of other members of the household | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Rule 9418 Recreation

Foster parents:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| (1-1) Provide a variety of indoor and outdoor recreational activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-2) Encourage participation in activities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Rule 9419 Transportation

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| Transportation of members of the household is conducted as required by state law | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|--------------------------|

PART 5. REPORTING and RECORD KEEPING

Rule 9501 Reporting suspected child abuse or neglect

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| (1) A report is made immediately if physical or sexual abuse or neglect is suspected | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) If the abuse or neglect occurred in the foster home, the report is made to: | | | |
| (2-a) The local county child protective services unit | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-b) The agency | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-c) A written report, as required by the agency is provided | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Rule 9502 Reporting foster home changes

A change in any of the following is reported by the next working day:

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| (a) Employment status of a foster parent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (b) Serious illness, injury, or death of a member of the household | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (c) Household composition | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (d) Arrests and criminal convictions of a member of the household | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (e) Court-supervised parole or probation of a member of the household | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (f) Member of the household admission to, or release from: | | | |
| (f-1) A correction facility | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (f-2) A facility for the treatment of an emotional, mental or substance abuse problem | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (g) Counseling, treatment, or therapy on an outpatient basis | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Substance abuse problem | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Member of the household | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Rule 9503 License application filing; agency notification

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| (1-1) Agency is notified after filing an application for adult foster care or child daycare | C | N | D |
| (1-2) Notification is made within 5 working days | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Rule 9504 Change of residence; agency notification

- | | | | |
|--|--------------------------|--------------------------|--------------------------|
| (1-1) Agency is notified of any planned change of residence | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-2) An application for licensure at the new address is submitted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-3) Application is submitted not less than 4 weeks before the move | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Rule 9505 Confidentiality

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| (1-1) Information obtained, and records maintained is keep confidential | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (1-2) Information is released only to a person authorized by the agency placing the child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) The requirements in subrule (1) of this rule shall not prohibit a foster parent from communicating with any person or organization that has a statutory privilege or any person representing the foster parent in a licensing or legal matter | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

Rule 9506 Record management

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| (1) A record for each foster child in the home is maintained | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2) The record contains all of the following: | | | |
| (2-a-1) Child's name | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-a-2) Date of birth | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-b) Any known history of abuse or neglect of the child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-c) All known emotional and psychological problems of the child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-d) All known behavioral problems of the child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-e) Circumstances necessitating placement of the child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-f) Any other known information to enable a stable, safe, and healthy environment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-g-1) Date of placement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-g-2) Date of termination of placement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-h-1) Agency name | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-h-2) Address | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-h-3) Telephone number | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-h-4) Emergency telephone number | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-h-5) Agency social services worker who is currently assigned to the child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-i-1-1) Name of child's physician | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-i-1-1) Address | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-i-1-1) Telephone number | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-i-2-1) Name of child's dentist | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-i-2-1) Address | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-i-2-1) Telephone number | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-j) Written routine and emergency medical and surgical treatment consent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-k) A report of the child's medical history | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-l) Dates of, and reasons for, medical treatment of the foster child | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-m) Child's behavior management and discipline plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (2-n) Child's visitation plan | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (3) Each record is stored and maintained in a manner to prevent unauthorized access | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| (4) Records provided by the child placing agency are | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

		License Number	
Act 116, Public Acts of 1973, as amended violations:			
Summary of findings:			
Licensing Recommendation (Include license action, age, sex, characteristics, and special needs of children best served, and maximum capacity)			
Licensee Signature		Date	Licensee Signature
Worker Signature		Date	
Authority: Public Act 116 of 1973, as amended	The Department of Human Services (DHS) will not discriminate against any individual or group because of race, sex, religion, age, national origin, color, height, weight, marital status, political beliefs or disability. If you need help with reading, writing, hearing, etc., under the Americans with Disabilities Act, you are invited to make your needs known to a DHS office in your area.		